PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No. 555255012608

Group Art Unit:	2817	)
		)
Examiner:	Chang	)
		)
Inventor:	Tiller	)
		) AMENDMENT
Serial No.:	10/691,986	)
		)
Filed:	10/23/2003	)
		)
For:	Integral Mixer and Oscillator Device	)

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 6, 2004.

By _____

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir: .

In response to the Office Action mailed on April 5, 2004, please amend the above-titled

application as follows. Any fees due should be charged to Jones Day Deposit Account No. 501432,

ref: 555255012608.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number
10/691,986
5552550126 0-8

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	*21*	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	*21* minus 20=	* *1*
INDEPENDENT CLAIMS	*0* minus 3 =	* *0*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ **OR OTHER THAN SMALL ENTITY**

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	FEE		RATE	FEE
BASIC FEE		385.00	OR	BASIC FEE	770.00
	X$ 9=		OR	X$18=	*18*
	X43=		OR	X86=	*0*
	+145=		OR	+290=	*0*
	TOTAL		OR	TOTAL	*788*

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* *21*	Minus	** *20*	= *1*
Independent	* *3*	Minus	*** *3*	= *1*
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	*126.00*
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

	SMALL ENTITY			OTHER THAN SMALL ENTITY	
	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than th entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.